

Name in Full

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bernice L Adams

Town

Borston

County

Caroline

MARYLAND

Month Day Y. M. D. Native of Occupation
 1908 June 25 1 1 16 Md —
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

George P. Adams
 Mother's Name Mary E. Adams

Cholera Infantum
 How long sick 2 days
 Accident, Suicide, Homicide

J. L. Hobbs
 105
 Borston Md.

Father's birthplace - Maryland.
Mother's birthplace - Maryland.

Name
in
Full

Edgar Ball

CERTIFICATE OF DEATH

Died *near Hillsboro* TownCounty *Caroline*

MARYLAND

Date

of death 1908

Month

June

Day

26

Age

Years

—

Months

—

Days

3 days

Sex

Male

Color or
Race

White

Birth-
place

near Hillsboro

Occupation

Infant

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Thos. H. Ball

Father's
Birthplace

Zalvesto

Mother's
Maiden Name

Clara Madell

Mother's
Birthplace

Zalvesto

Name of person giving
information

Thos. H. Ball

How related
to deceased

Father

CAUSES OF DEATH

71

Primary

Unknown

How long

1 1/3 days

Immediate

Convulsions of unknown origin

How long

1 1/2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. H. Brown, M.D.

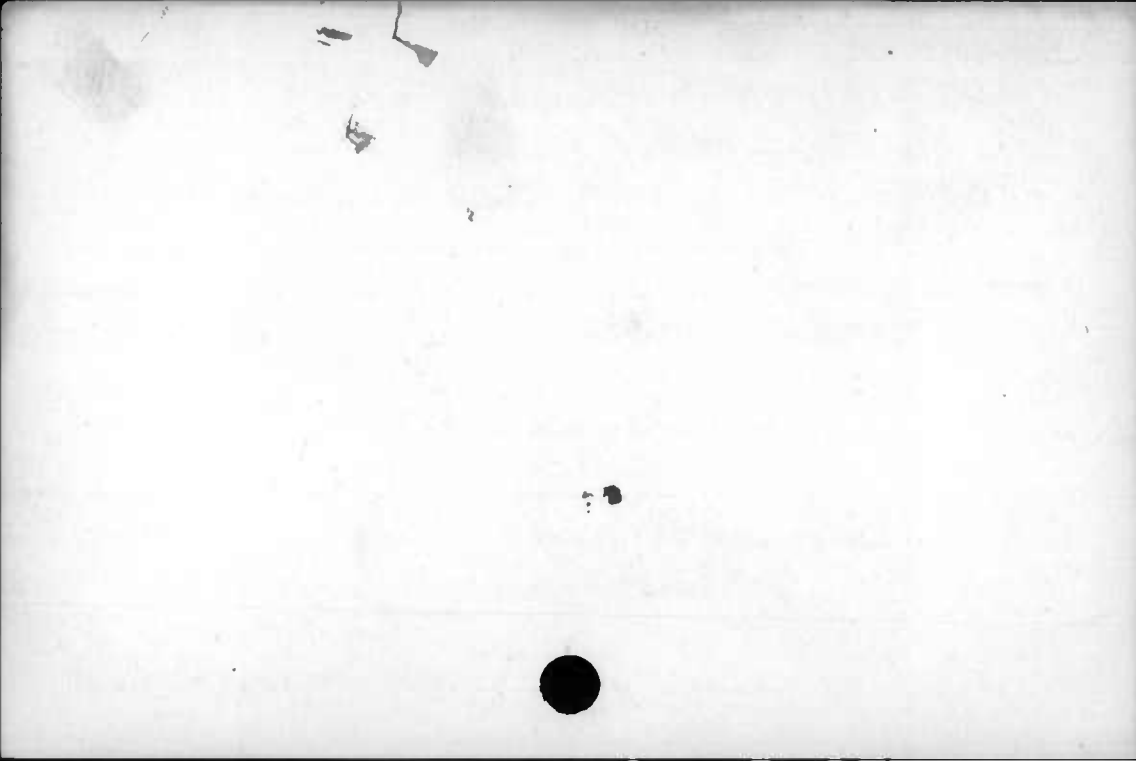
Address

Hillsboro, Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Martha Rebecca Bennett

Died at *Goldboro* Town *Caroline* County

Date of death *1908* Month *6* Day *30* Age *64* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Caroline Co Md*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ *Married* Name of Wife or Husband *Margaret Griffin*

Father's Name *Washington B. Bennett* Father's Birthplace *Maryland*

Mother's Maiden Name *Unkington* Mother's Birthplace *Maryland*

Name of person giving information *A. J. Bennett* How related to deceased *Son*

CAUSES OF DEATH

Primary *Organic Heart Disease* How long *1 year*

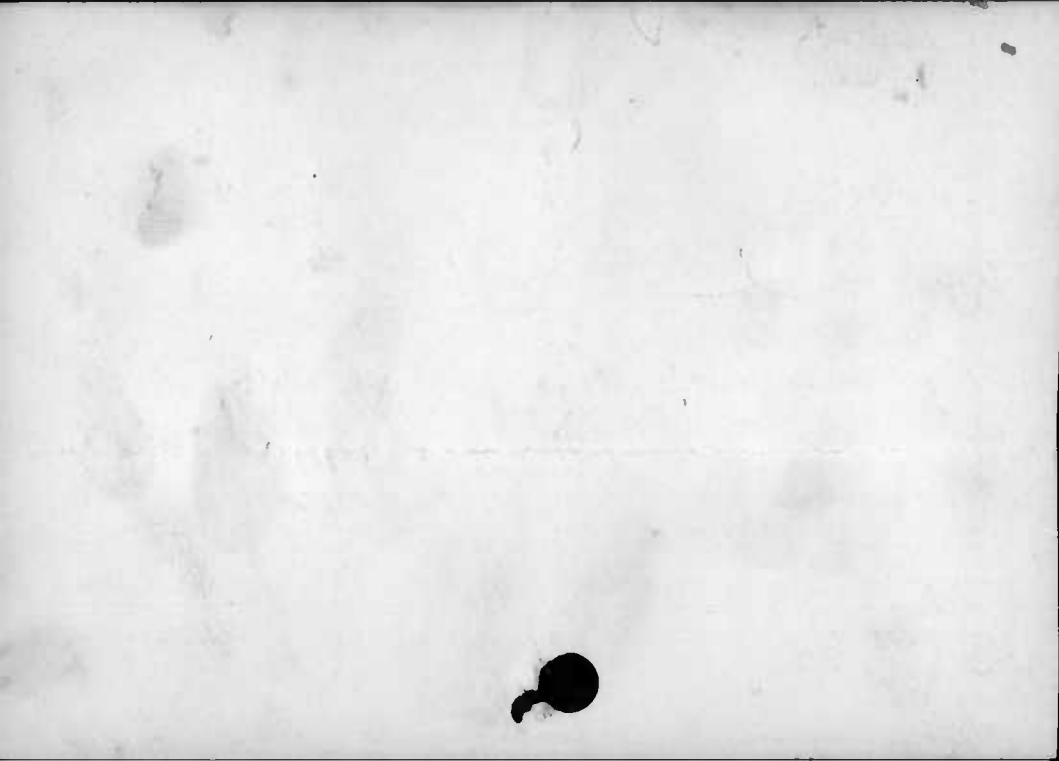
Immediate *Heart Failure* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Thermon*

Address *Goldboro*

Accident or Suicide? *No*



Name
in
Full

Orville Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death		1908	Month <i>6</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Denton</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>C. E. Knight</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Sallie B. Givron</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>C. E. Knight</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Bowel trouble</i>	How long <i>9 days</i>
Immediate	<i>Convulsions</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Simmond</i>
		Address <i>Denton</i>
Accident or Suicide?		<i>Ind.</i>

12 25-

Musket St

noon
Mouilly

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *near Henderson* *Caroline*Date of death *1908* Month *6* Day *28* Age *65* Years Months DaysSex *Female* Color or Race *White* Birth place *Germany*Occupation *House-wife* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of ~~Wife~~ Husband *Stankie*Father's Name *Fred. Collas* Father's Birthplace *Germany*Mother's Maiden Name *Caroline* Mother's Birthplace *Germany*Name of person giving information *Chas. Pippin* How related to deceased *none*

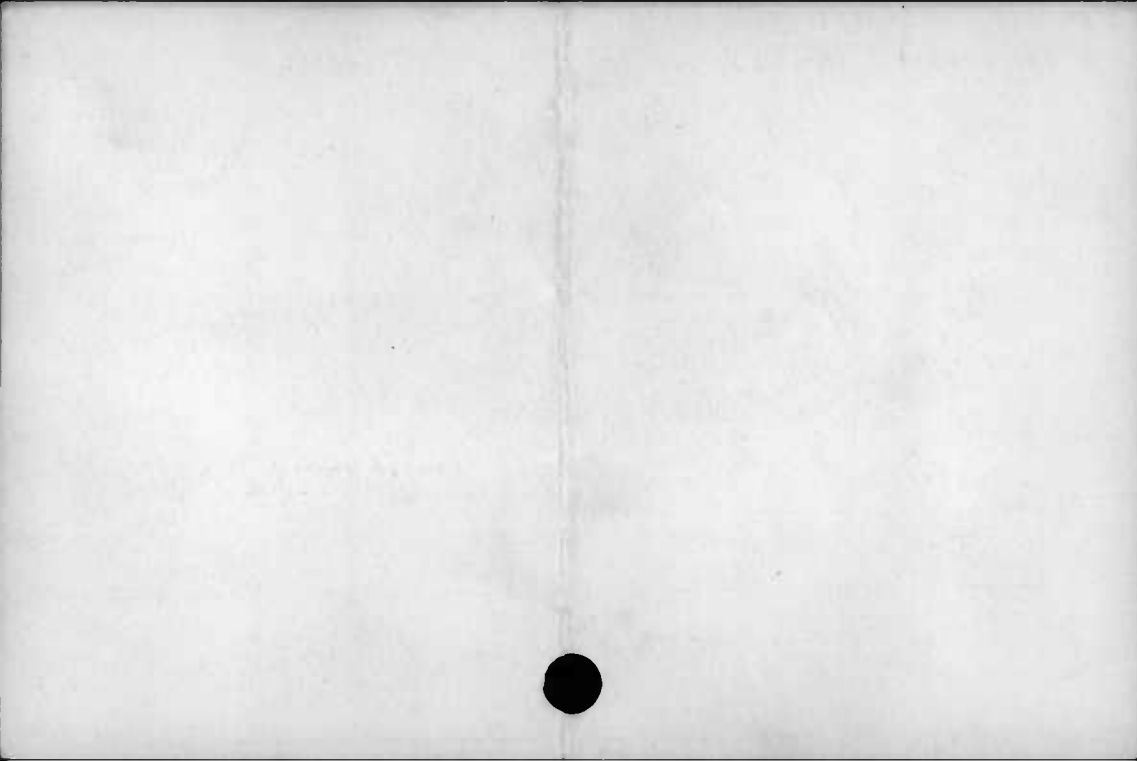
CAUSES OF DEATH

Primary *Sun Stroke*

How long

Immediate *Meningitis*How long *9 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Heber*Address *Goldsbors Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

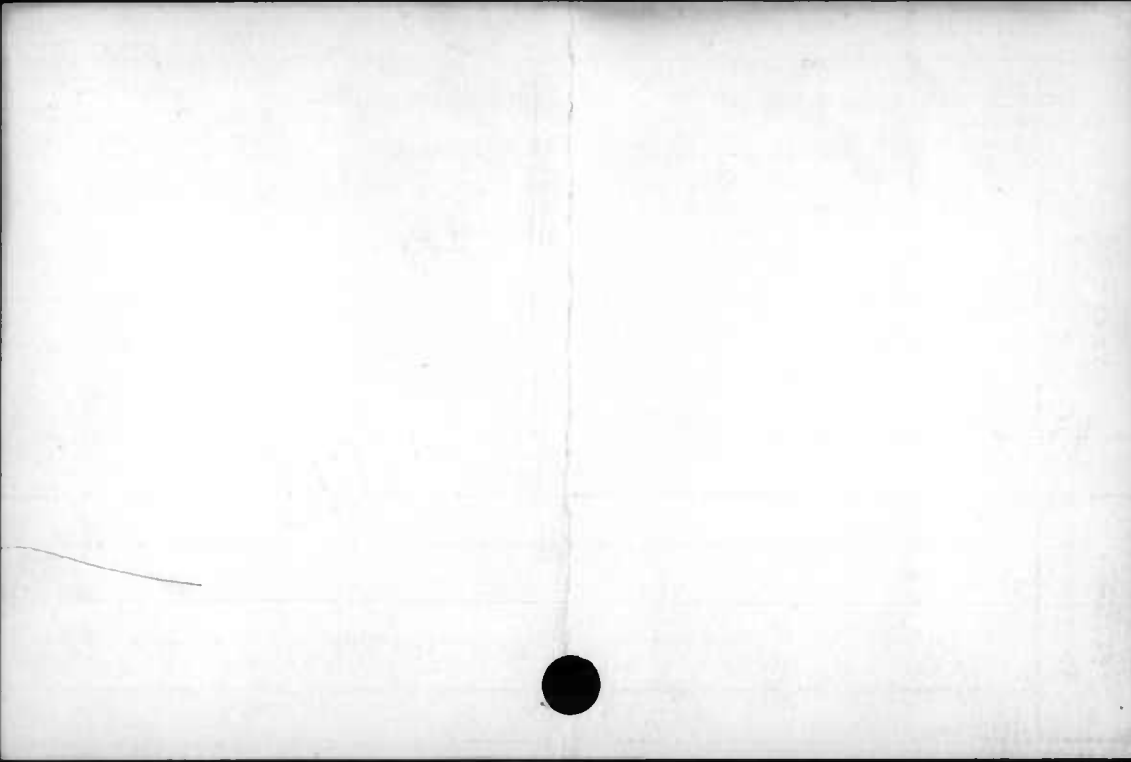
Died at <i>Thilliston</i> ^{Town}		<i>Baroline</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>12</i>	Years <i>70</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Md.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Mary</i>		
Father's Name <i>Jacob Cossy</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Elmer Cossy</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Cardiac insufficiency</i>	How long <i>Ten weeks</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John D. Hadaway</i>
	Address <i>Tristram P. F. W. Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

William J. Davis
 Town Choptank County Caroline's MARYLAND

Date 19

08 June 21 Age 52.4 Maryland Farmer
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband

of Althea Davis
 Wife

Father's

Name Donk Known Maiden Name Donk Known

Cause of

Primary

Pulmonary Tuberculosis 16 weeks

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

And

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Father's birthplace - Unknown

Mother's birthplace - Unknown

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

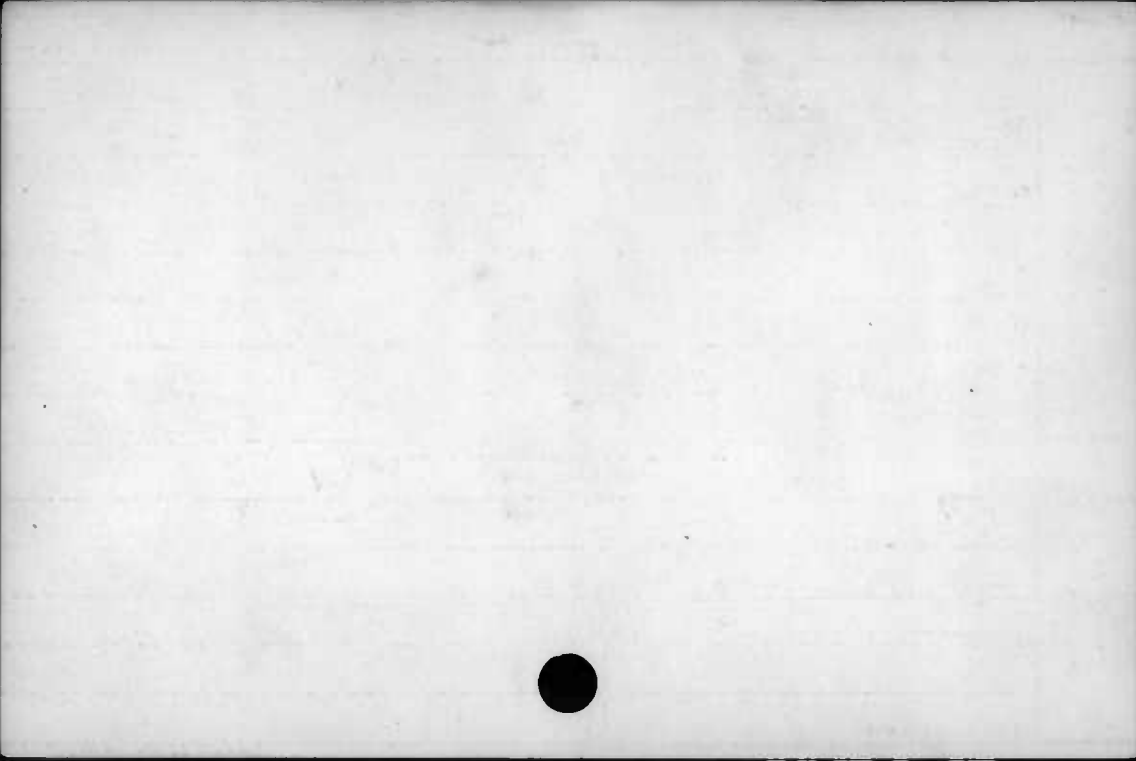
Died at <u>Rebecca Lee Day</u>		County <u>Gruneboro</u>		MAYLAND	
Date of death, 190	Month <u>June</u>	Day <u>22</u>	Years <u>One</u>	Months <u>4</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Married, Single or Widowed <u>Infant</u>		Occupation <u>_____</u>			
Name of Wife or Husband <u>_____</u>					
Father's Name <u>Wm P. Day</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mary C. Insley</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Wm P. Day</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <u>Cholera morbus & meningitis</u>	How long <u>4 days</u>
Immediate <u>Paralytic</u>	How long <u>Instantly</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. M. Rickman</u>
<u>They are</u>	Address <u>Ridgely Ind.</u>
Accident or Suicide? <u>_____</u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

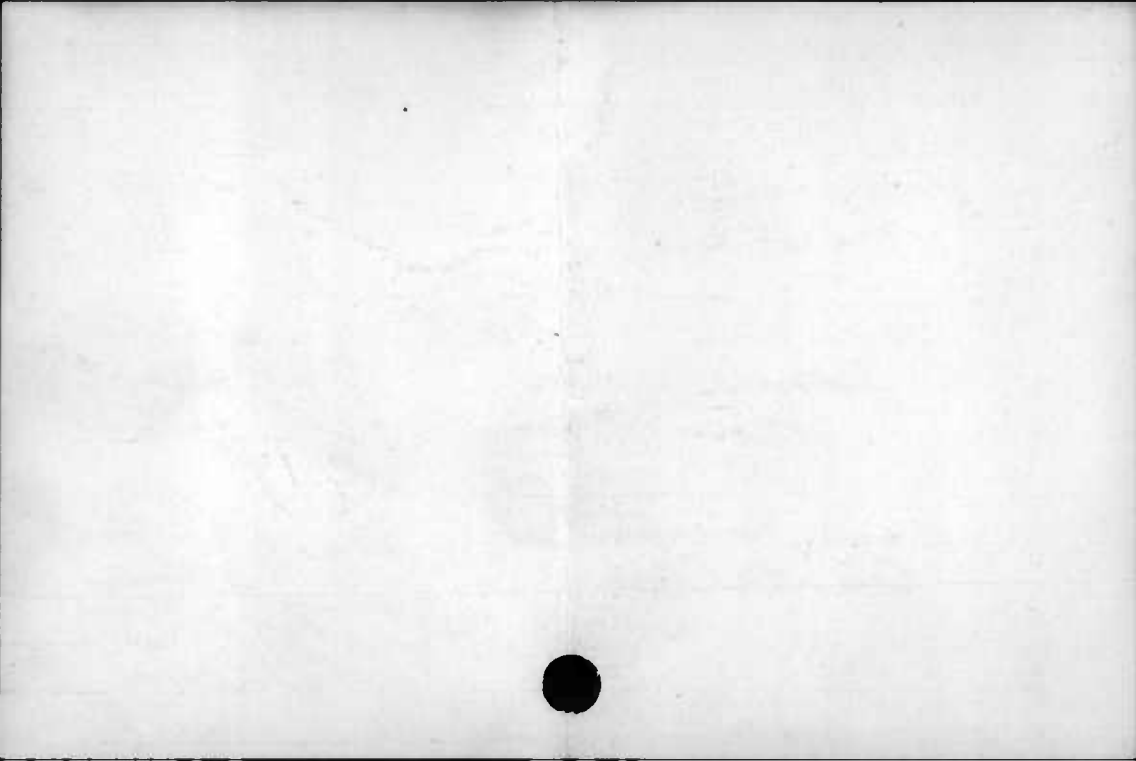
CERTIFICATE OF DEATH

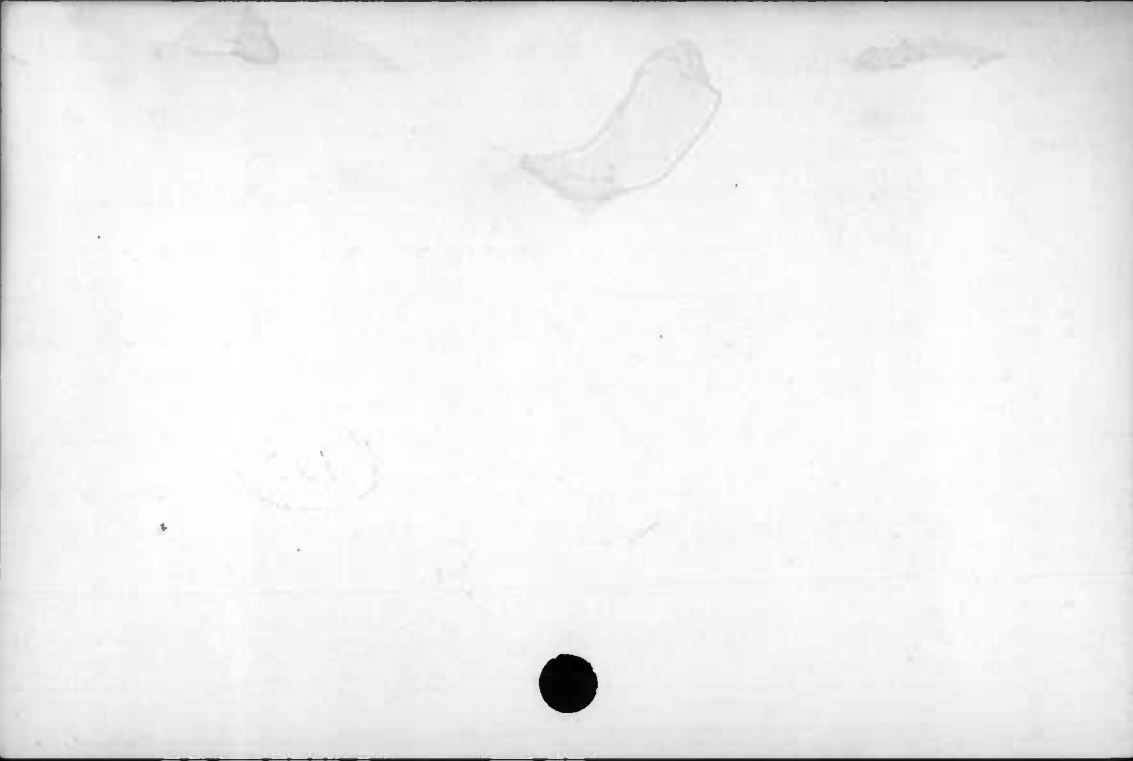
MARYLAND

Died at *Hobbs* TownCounty *C Caroline Co*Date of death *1908* Month *June*Day *8*Age *28* YearsMonths *6*Days *29*Sex *Female*Color or
Race *W. Lite*Birth-
place *Near Federalburg**Dorchester Co*Occupation *House Wife*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Mrs Charles A Doran*Father's
Name *Charles Doran*Father's
Birthplace *New Jersey*Mother's
Maiden Name *Annie Johnson*Mother's
Birthplace *Dorchester Co Md*Name of person giving
In formation *Charles Doran*How related
to deceased *Father*

CAUSES OF DEATH

27Primary *Pulmonary Consumption*How long *7 Yrs*Immediate *Exhaustion*How long *few days*Are the name, age, sex, color, date
and place correctly given above? *Y*Signature of
Physician *Dr. George Henry M.D.*Address *Ant. Conline Conely**Maryland*Accident or Suicide? *1*





Name
in
Full

Anna Dixon Garey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month <i>June</i>	Day <i>2</i>	Age <i>48</i>	Years	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Andersontown</i>				
Occupation <i>Farmer's Wife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Thomas Frederick Garey</i>						
Father's Name <i>Ames Dixon</i>	Father's Birthplace <i>Baltimore</i>						
Mother's Maiden Name <i>Elizabeth Brunner</i>	Mother's Birthplace <i>Chesto Co., Pa</i>						
Name of person giving information <i>Salome Garey</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>Six months</i>
Immediate <i>Can</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P.R. Fisher</i>
	Address <i>Denton</i>
Accident or Suicide? <i>—</i>	<i>2nd</i>

(121)



Name in Full Mary Gleave		Town Hillsboro		County Caroline		CERTIFICATE OF DEATH	
Died at Hillsboro		State MARYLAND					
Date of death 1908		Month June	Day 2	Age 36	Years 36	Months —	Days 1
Sex Female		Color or Race Black		Birth-place Caroline Co.			
Occupation Housewife		Where Residing if not at place of death Cameron, Del.					
Married, Single or Widowed Married		Name of Wife or Husband Perry Gleave					
Father's Name Horace Gleave		Father's Birthplace Mo.					
Mother's Maiden Name Rebecca Hammonds		Mother's Birthplace Mo.					
Name of person giving information Perry Gleave		How related to deceased Husband					
CAUSES OF DEATH							
Primary Pulmonary tuberculosis		How long 10 yrs.					
Immediate Starvation		How long —					
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. B. Rowe, M.D.					
		Address Hillsboro, Mo.					
Accident or Suicide? No							



Name
in
Full

Statter Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>June</i> ^{Month}	<i>Sunday</i> ^{Day}	<i>28</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ridgely</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Emma Henry</i>		
Father's Name <i>never been married</i>			Father's Birthplace		
Mother's Maiden Name <i>Henry</i>			Mother's Birthplace <i>Oxford</i>		
Name of person giving information <i>Alfred Thomas</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gunshot complaint</i>	How long	<i>10 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Henry Nickerson</i>	
		Address <i>Coroner</i>	
		<i>Ridgely Md</i>	
Accident or Suicide?			



Sarah Hicks

Town

County

MARYLAND

Died at

Goldsboro

Caroline

Month

Day

Y.

M.

D.

Native of

Occupation

Data 1908

June

11

Age 57

—

—

Maryland

Servant

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widow~~

Number of children living 3

~~Married~~

Wife

Father's
Name

Chas. Wolford

Mothar's
Maiden Name

Harris Duchy

Cause of

Primary

Valvular heart trouble

How long sick

3 months

Death

Immediate

Dance

79

Accident, Suicide, Homicide

Reported by

W.W. Goldsboro M.D.

Address

Greensboro, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martin Luther Homer

CERTIFICATE OF DEATH

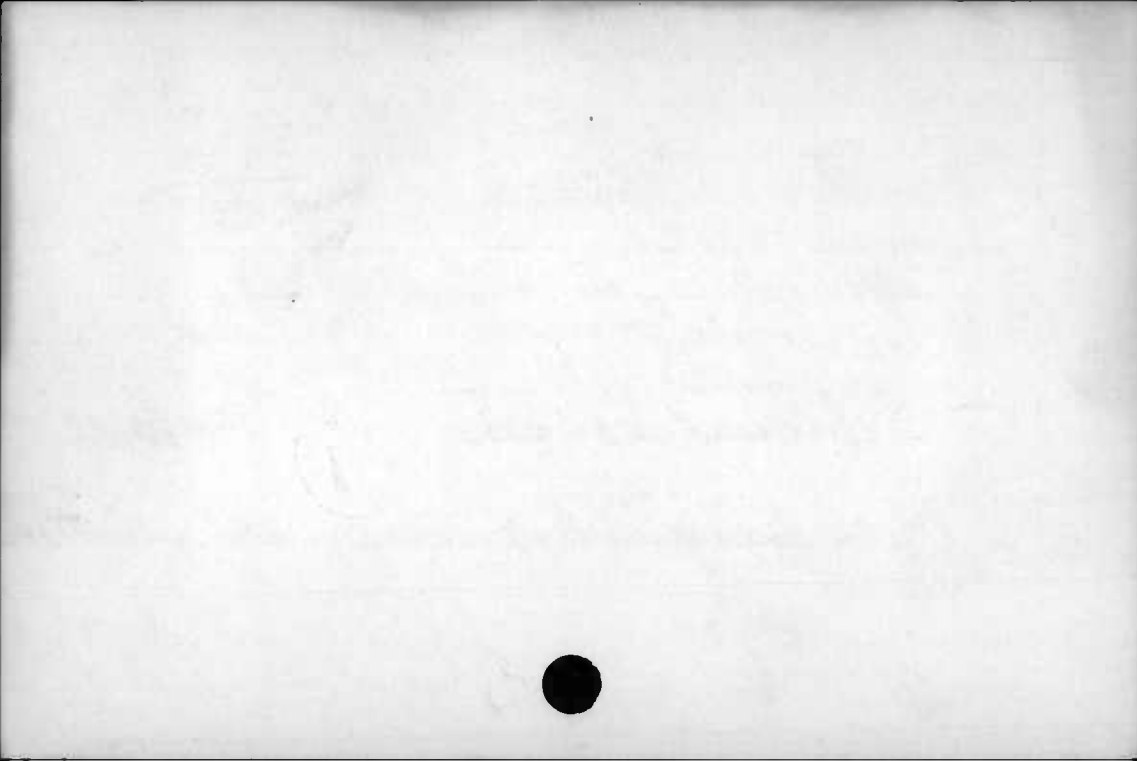
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Preston		County Caroline		MARYLAND	
Date of death		1908	Month June	Day 8	Age 15	Years 2	Months 3
Sex male		Color or Race Black		Birth- place Preston Md			
Occupation Laborer				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Martin P. Homer				Father's Birthplace Harrison Md			
Mother's Maiden Name Mary L. Washington				Mother's Birthplace Harrison Md			
Name of person giving in formation Martin P. Homer				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	4 weeks
Immediate	Tumor on brain	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. L. Hobbs	
		Address Preston Md.	
Accident or Suicide?			



Emma J. Jackson

CERTIFICATE OF DEATH

Died at *New Maryland* *Caroline* County

MARYLAND

Date of death *1908* Month *6* Day *12* Age *28* Years Months Days

Sex *Female* Color or Race *Mullato* Birth-place *Md.*

Occupation *House work* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Jackson*

Father's Name *John Goldsborough* Father's Birthplace *Md.*

Mother's Maiden Name *Mary E. Bridle* Mother's Birthplace *Md.*

Name of person giving information *Samuel Jackson* How related to deceased *Husband*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *Six months*

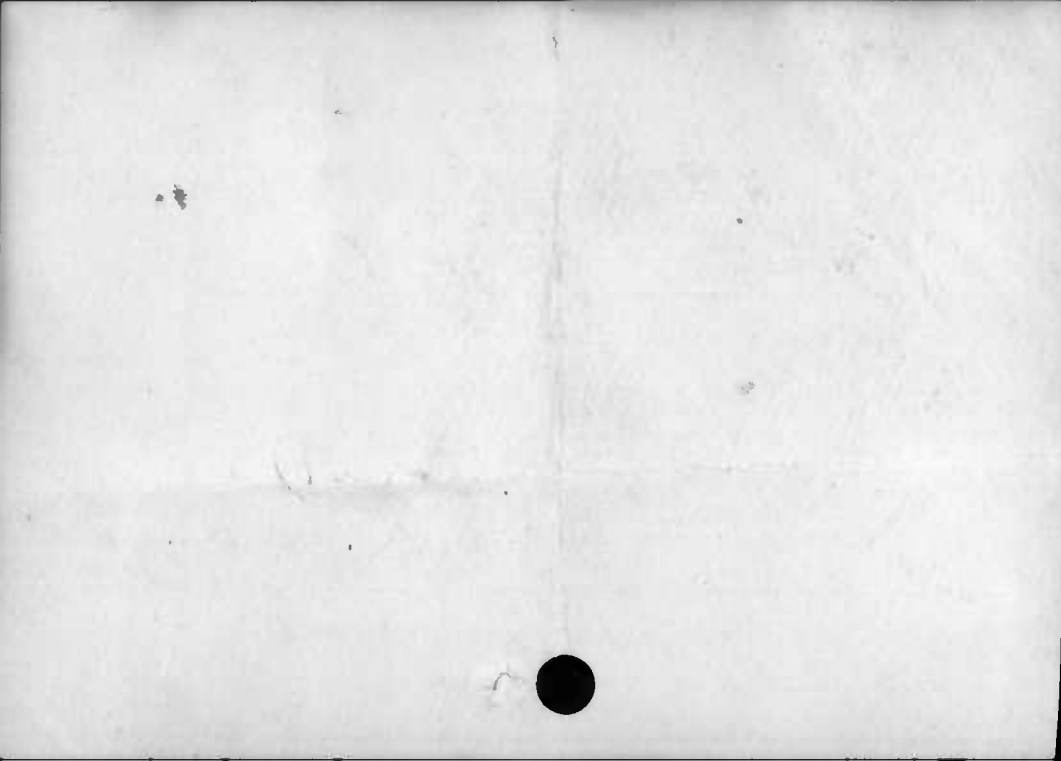
Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. P. Smith, M.D.*

Address *Trumbleville Md.*

Accident or Suicide?



Name
in
Full

Otelia Kornmunk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Greenborton* Town *Caroline* County **MARYLAND**

Date of death *1908* Month *6* Day *26* Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Germany*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *John Kornmunk*

Father's Name *not known* Father's Birthplace *Germany*

Mother's Maiden Name *Rachel Warbman* Mother's Birthplace *Germany*

Name of person giving information *8th Kornmunk* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency* How long *4 years*

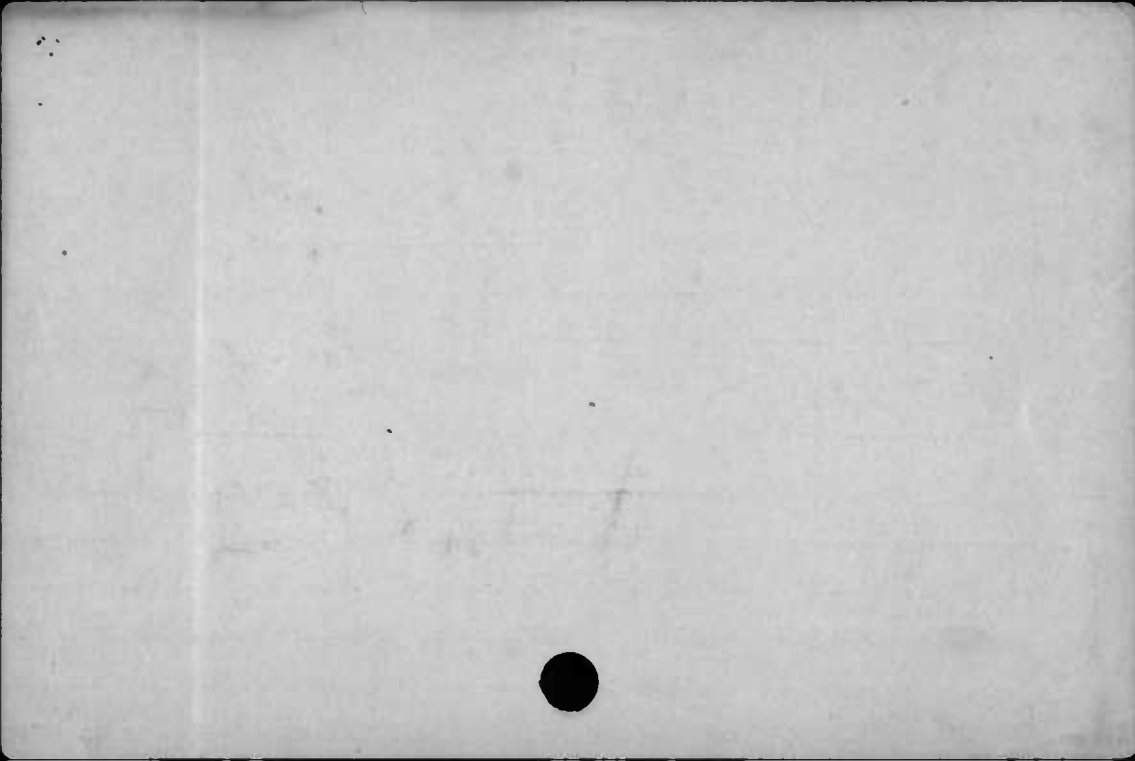
Immediate *acute indigestion* How long *immediate*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. M. M. M.*

Address *Greenborton*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

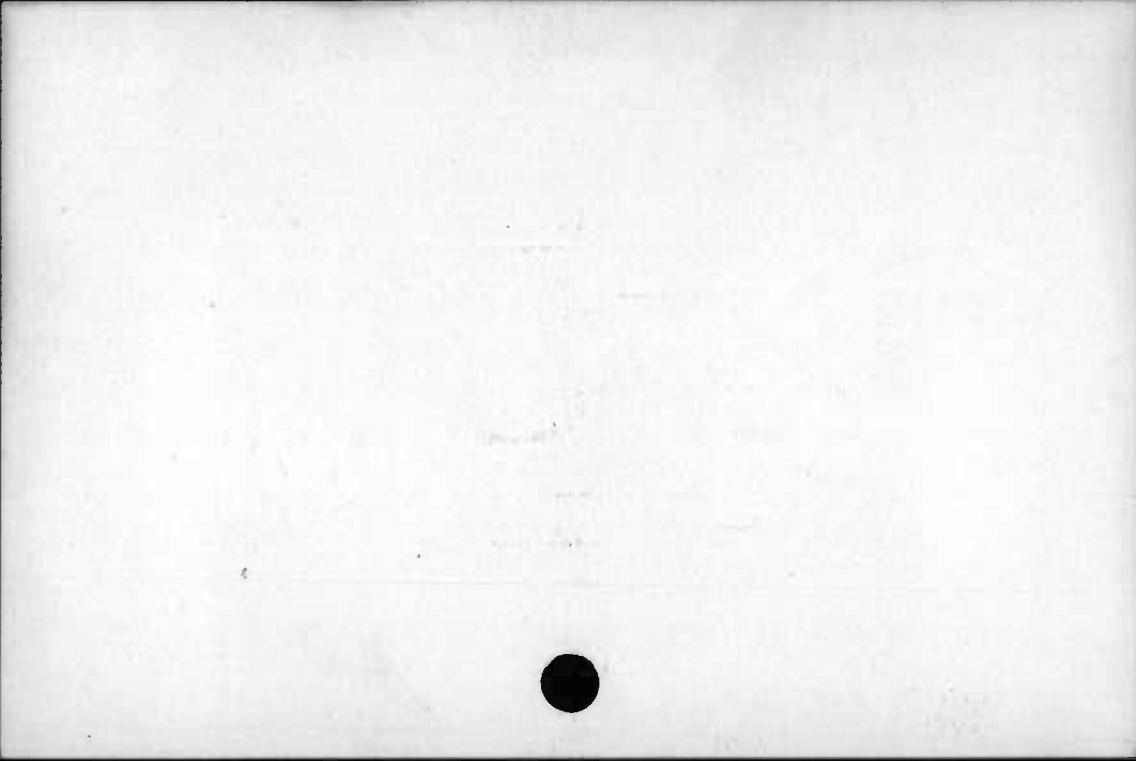
Died <i>John Phillips</i>		Town <i>Newton</i>		County <i>Caroline</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>June</i>	Day <i>14</i>	Age <i>57</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Dorchester Co</i>				
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Susan E Phillips</i>						
Father's Name <i>Joseph Phillips</i>		Father's Birthplace <i>Dor Co Md</i>					
Mother's Maiden Name <i>Susan Aldridge</i>		Mother's Birthplace <i>Dor Co Md</i>					
Name of person giving information <i>Susan E Phillips</i>		How related to deceased <i>widow</i>					

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>Instantaneous</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Preston Md</i>
Accident or Suicide? <i>—</i>	



Mary Gusty Rochester

Town

County

Died at

Ridgely

Caroline

MARYLAND

Date 1908

Month 6 Day 16

Y. M. D.

Age 39

Native of

Occupation

House wife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 3

Husband of

George Rochester

Wife

Father's

Name

Alex. Murray

Maiden Name

Mother's

Name

Ellen French

Cause of

Primery

Typhoid

Death

Immediate

Heart failure

How long sick

5 days

Accident, Suicide, Homicide

Reported by

W. W. Faldstrom, M.D.

Address

Greensboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Not named

Smith

CERTIFICATE OF DEATH

Died at ^{Town} Hillsboro

County Caroline

MARYLAND

Date of death 1908 June 13

Age —

Months —

Days 24

Sex

Male

Color or Race

Black

Birth-place

Thomaston.

Occupation

Infant

Where Residing if not at place of death

—

Married, Single or Widowed

Infant

Name of Wife or Husband

None

Father's Name

John Smith

Father's Birthplace

Caroline Co.

Mother's Maiden Name

Sarah Fennell

Mother's Birthplace

Caroline Co.

Name of person giving information

Murrellus Brown

How related to deceased

None

CAUSES OF DEATH

179

Primary

Unknown Cause. No

How long

Immediate

Physicians called in

How long

2 or 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. H. Brown, M.D.

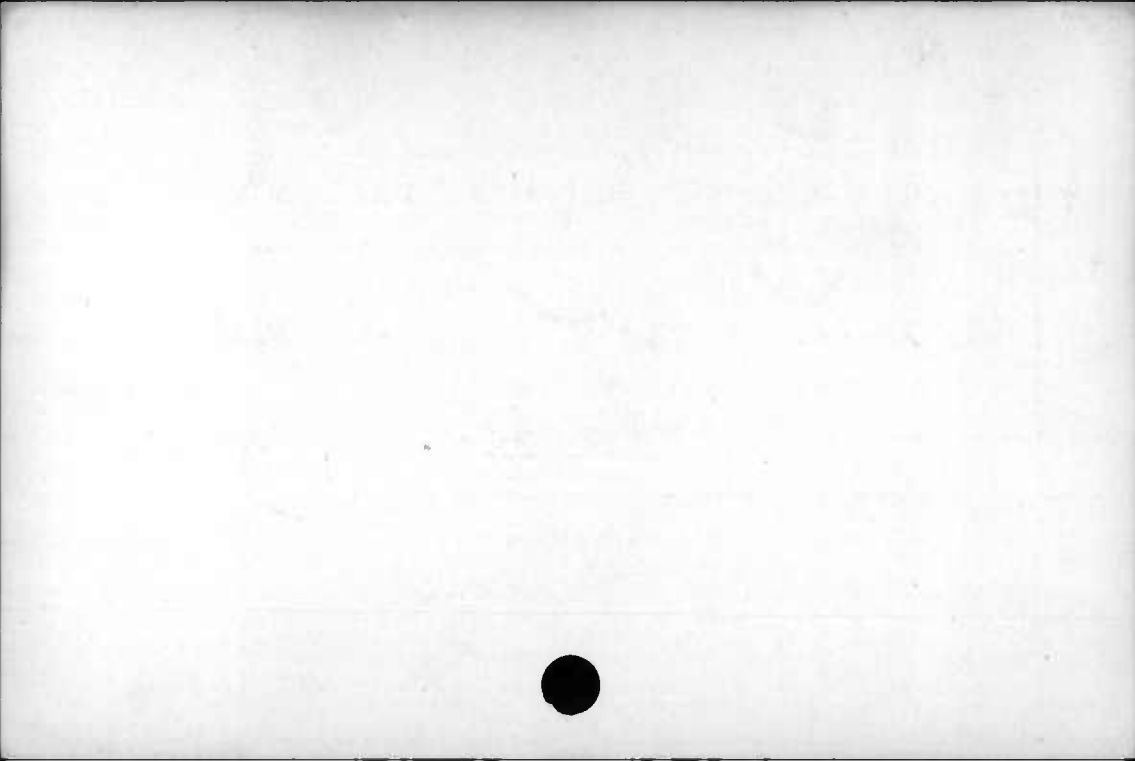
Address

Hillsboro, Va.

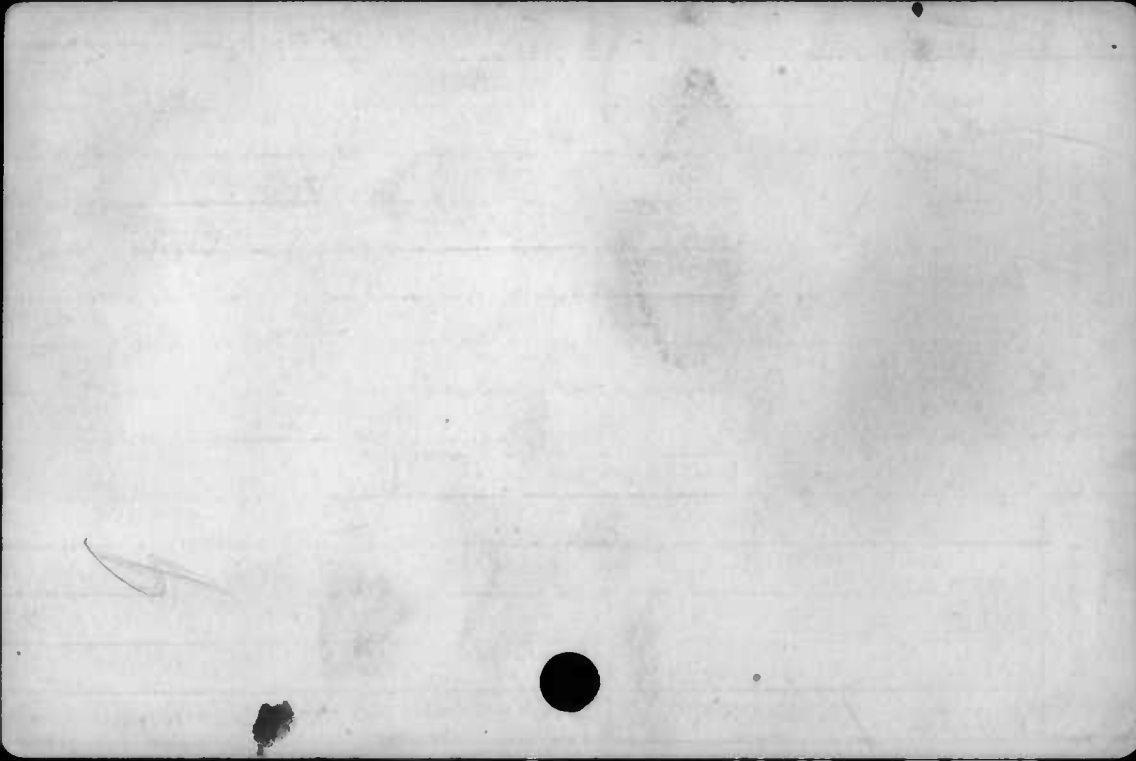
Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		State	
Immacula Smith		Ridgely				Caroline		MARYLAND	
Died at		Date of death		Month		Day		Age	
		1908		June		10		about 50	
Sex		Color or Race		Birthplace		Months		Days	
Female		Caucasian		Caroline Co					
Occupation		Where Residing if not at place of death							
Housekeeper		Ridgely							
Married, Single or Widowed		Name of Wife or Husband							
Widow		Perry Smith							
Father's Name		Father's Birthplace							
Don't know		Don't know							
Mother's Maiden Name		Mother's Birthplace							
Don't know		Don't know							
Name of person giving information		How related to deceased							
Dora Salorik		Son in law							
		CAUSES OF DEATH		54					
Primary		How long							
Pericarditis		Six weeks							
Immediate		How long							
Exhaustion									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Address							
		Ridgely							
Accident or Suicide?									
No		Mid							



Name
in
Full

Theodore Snowberger -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

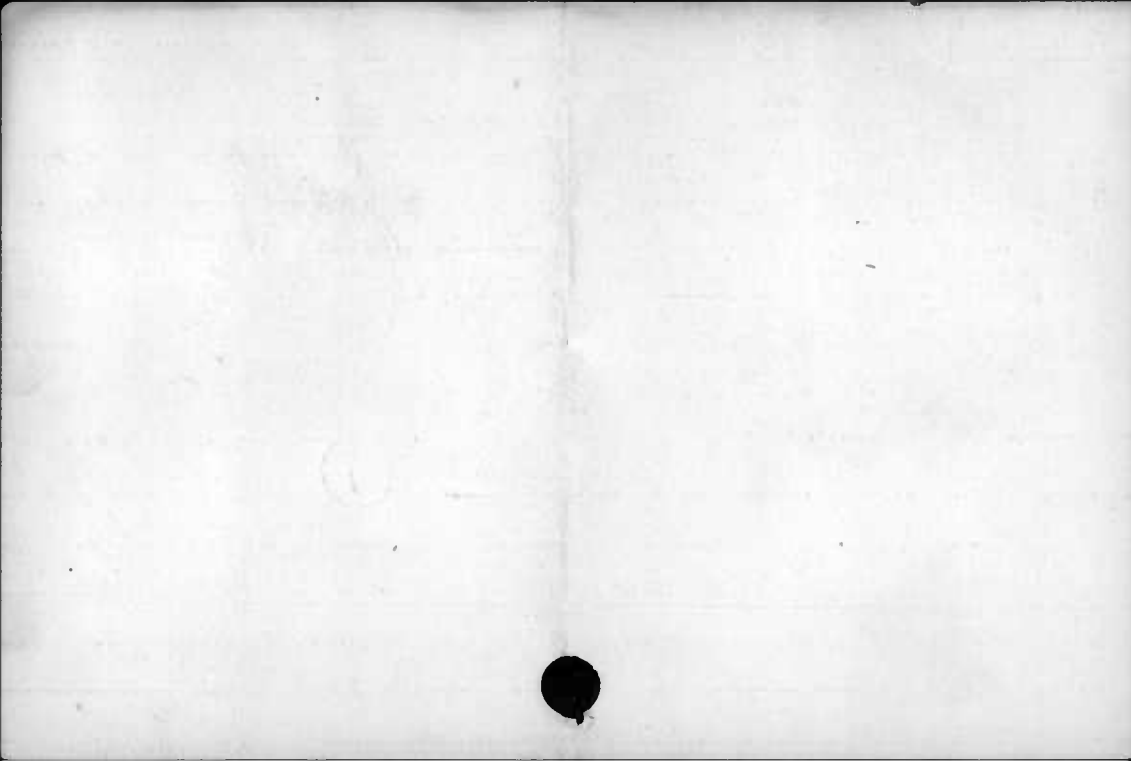
Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death	1908	Month <i>June</i>	Day <i>23</i>	Age <i>11</i>	Years	Months <i>6</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth- place <i>Id.</i>				
Occupation <i>School boy -</i>			Where Residing if not at place of death <i>Ridgely -</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Otton K. Snowberger</i>				Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Emma J. Collison</i>				Mother's Birthplace <i>Id.</i>			
Name of person giving Information <i>O. Snowberger</i>				How related to deceased <i>Father -</i>			

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever -</i>	How long <i>3 weeks.</i>
Immediate <i>Collapse - cardiac weakness</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. D. Stone M. D.</i>
	Address <i>Ridgely Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

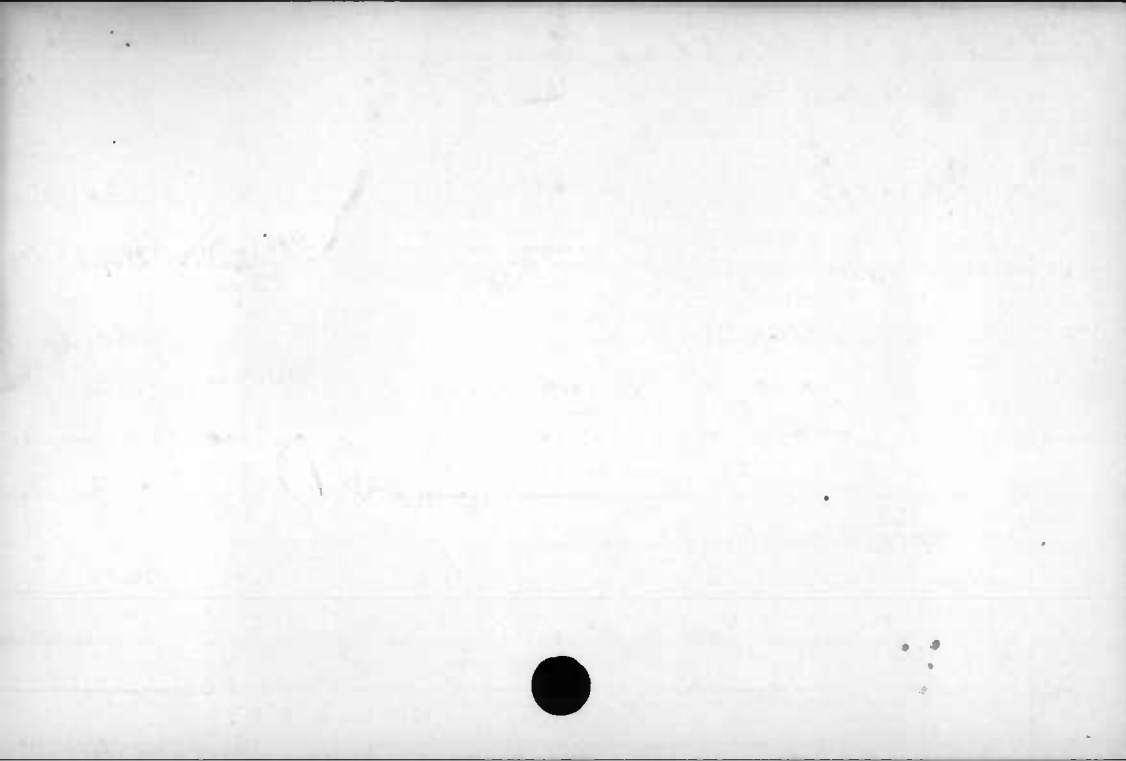
Name in Full <i>Ann Sutter</i>		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Died at <i>Ridgely</i>		Month <i>8</i>		Day <i>14</i>		Age <i>8</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>14</i>		Years <i>8</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Ridgely</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>-</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>Geo Sutter</i>				Father's Birthplace <i>Caroline Co</i>			
Mother's Maiden Name <i>Sarah Morris</i>				Mother's Birthplace <i>Salisbury Md</i>			
Name of person giving information <i>Geo Sutter</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>4 days</i>
Immediate <i>Cardiac failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md.</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

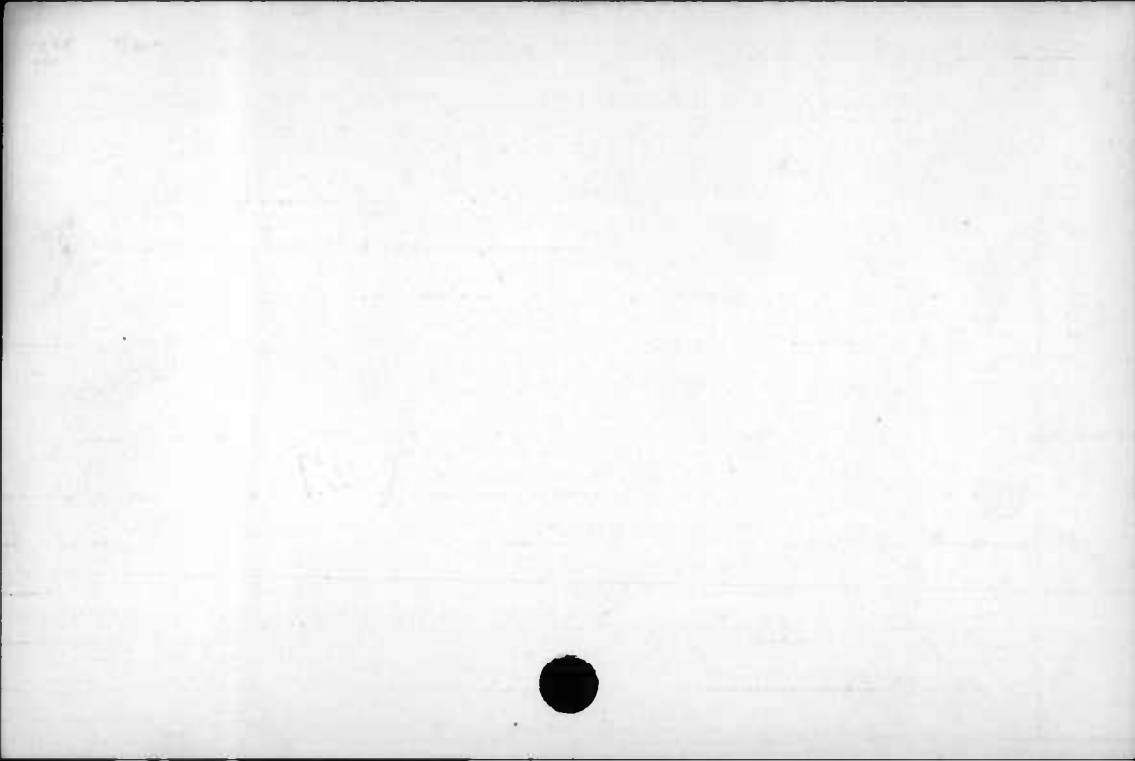
Died at <i>Denton</i> Town		<i>Caroline</i> County			
Date of death	<i>1908</i>	Month	<i>6</i>	Day	<i>29</i>
				Age	<i>23</i>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Laborer</i>	Where Residing if not at place of death		<i>Denton Maryland</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Alexander Wayman</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Betty C. Fisher</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Alexander Wayman</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Consumption</i>	How long	<i>7 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>few days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Enoch Henry M.D.</i>
		Address	<i>Denton Maryland</i>
Accident or Suicide?	<i>-</i>		



Certificate of Death

7000

County

MARYLAND

Month

Day

Y.

M

D.

Native of

Occupation

1908

June 20

Age

about 25

Virginia Oak Hill

Male

WHITE

Married

Widow

Divorced

F

Colored

54

1104

Number of children living 4200

Husband

of

Wife

Father's

Mother's

Name _____

Name _____

Cause of

Primary



Immediate

Founded

Add 663

How long sick

Accident, ~~Suicide~~ Homicide

Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55069

Father's birthplace - Unknown.
Mother's birthplace - Unknown.

Name in Full		Not-named.		Wilmer		CERTIFICATE OF DEATH	
		Died at Denton		County Caroline		MARYLAND	
		Date of death	1908	Month	6	Day	27
		Age		Years		Months	Days
		Sex	Boy,	Color or Race	Colored	Birth-place	Denton
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
		Father's Name		James Wilmer		Father's Birthplace	
		Mother's Maiden Name		Mary M. Sephal		Mother's Birthplace	
		Name of person giving information		G. W. Bryan		How related to deceased	
				CAUSES OF DEATH		179	
		Primary		Don't know		How long	
		Immediate		"		How long	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
						Address	
						Accident or Suicide?	
						Md.	

1811

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

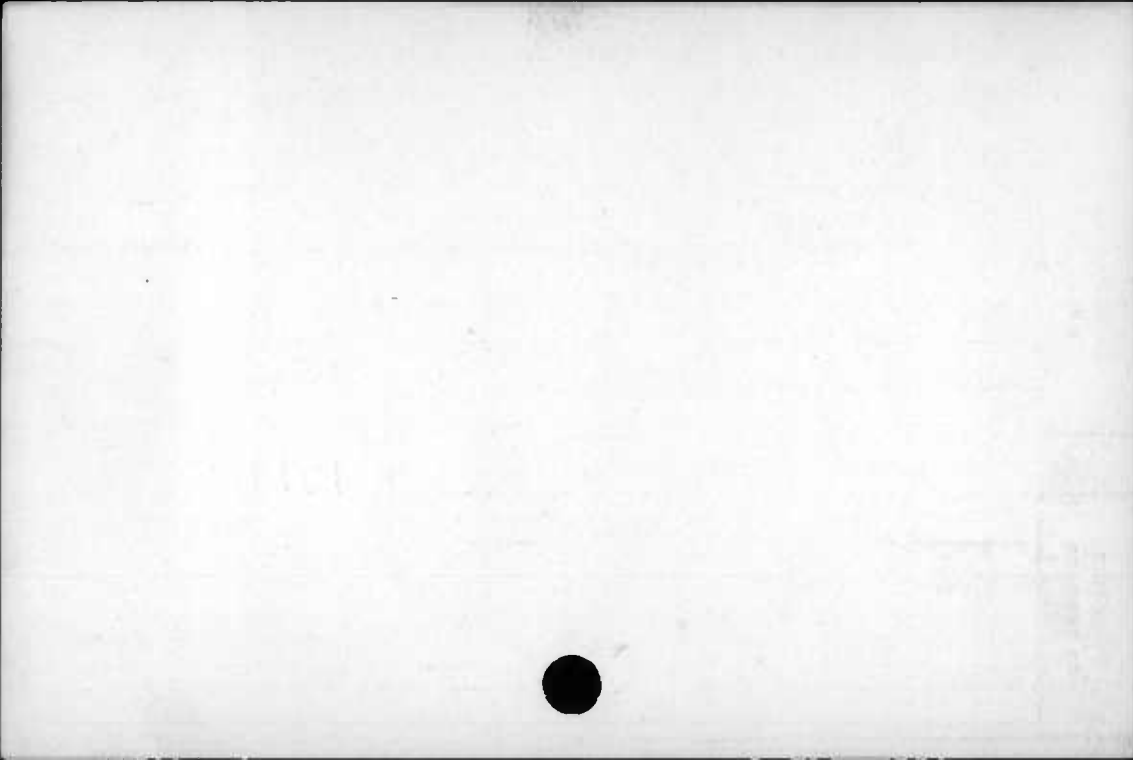
Name in Full Eli Woosher		Town Hobbs		County Caroline		State MARYLAND	
Died at Hobbs		Date of death 1908 June 10		Age 10 Years		Months 12 Days hours	
Sex Male		Color or Race Colored		Birth-place Maryland			
Occupation -		Where Residing if not at place of death Hobbs Maryland					
Married, Single or Widowed Infant		Name of Wife or Husband					
Father's Name John Woosher		Father's Birthplace Maryland					
Mother's Maiden Name Isabelle Woosher		Mother's Birthplace 4					
Name of person giving information John Woosher		How related to deceased Father					

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Quarantine	How long From time of birth
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. George W. D. Woosher
	Address Dr. Woosher B
Accident or Suicide? 1	Met



Name
in
Full

Peter Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Smithville		^{County} Caroline		MARYLAND	
Date of death	1908	Month	June	Day	18
Age	34	Years		Months	
Sex	male	Color or Race	white	Birth-place	md
Occupation	farmer		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Caleb Wright			Father's Birthplace	md
Mother's Maiden Name	Elizabeth Hampton			Mother's Birthplace	md
Name of person giving information	Elizabeth Wright			How related to deceased	sister in law

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	79	sudden
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R Kemp Jefferson	
		Address	Federalburg md	
Accident or Suicide?				

(17)

